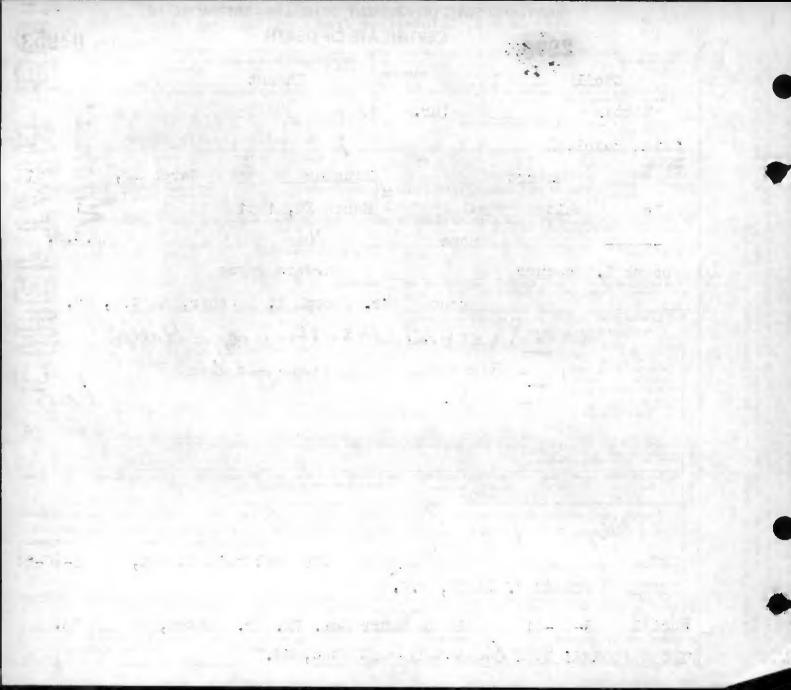
74 2 puo physician

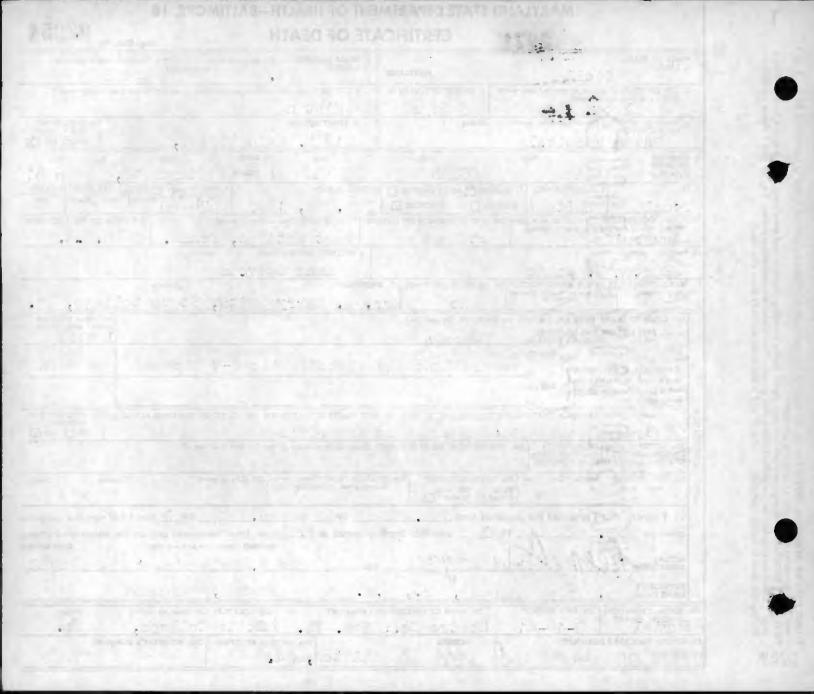
> gned physician. peen certificate



etained by the pital or attending physician.  It DIRECTOR for the this certificate has been signed by the attending physician and campletely the 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death.	7 and 2 shauld be filed with	in by the funer director,	
TO FU	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 shauld be filed with the registrar prior to burial, cramation, ar removal, and in any event within 72 hours after death.	may retained by the spital ar attending physician.  TO FUX. IL DIRECTOR ther this certificate has been signed by the attending physician and campletely if in by the fune. Girector,	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may 1 the pital or attending physician.

}		7 5							Reg. Dis	t. No.	V - A
PLACE OF DEATH	Cecil	14.	MAR	RYLAND	2. USUAL RESI	DENCE (W		d lived. If instituti b. COUNTY			ission)
RURAL and give in	If outside corporate lime earest town)	ts, write	6. LENGTH OF STA			town (IF	autside carpo	arate limits, write f	RURAL and g	ive nearest tax	wn)
d. NAME OF HOSPIT OR INSTITUTION Union	TAL (If not in hospital, o	give street			d. STREET /		ain S	street.	1	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	MAE	'sl	OSMAN	le	BEHER	**	4. DATE OF DEATH	Marc		Day	Year 19 61
s. sex Female	6. COLOR OR RACE	WIDOW	lead	ED []	Feb. 2	2, 1	887	9. AGE (In years last birthdoy) 74 yrs.		Days Hours	
Housewi	king life, even if retired	dane 10b.	at home	OR INDUST	Port	Mat	ilda,			U.S.	
13. FATHER'S NAME Huston							tever				
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wer as dates of		SOCIAL SECURITY N	1.	ORMANT	larry	Smit		te Co.	llege	Pa.
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (a), (b), and (c Uremia	<b>).]</b>						INTERVAL I	D DEATH
Conditions, if of gave rise to it caves (o), stating lying cause last.	mmediate (	Gen	eralized	art	riosc	lero	tic C	-V Dise	ase	unkn	own
PART II. OT		lize	CONTRIBUTING TO D	toid	arthr	itis			VEN IN PART	PERF	AUTOPSY ORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Ye	ar 20d. I While	NJURY OCCURRED  Not while to ot work	20e. PLAC	E OF INJURY	Hame, farn	n, 20f. (City	or town)	(C	aunty)	(State)
-	nat I attended the	-	ed from Nov.	it death (		4:45	AM, from	O, 196] In the causes of treet, city or town,	and an th	e date sta	
PHYSICIAN'S NAME (Type)	S. Ralph	Andr	ews, Jr.	15	D •			n, Mary			
220. BURIAL CREMATIC REMOVAL (Specify) BULLIAL	3-14-6		22c. NAME OF CE			Pk.		TION (City, lawn, te Coll			ale)
23. FUNERAL DIRECTOR	'S SIGNATURE	· D	ADDRESS		Fiktor			TRAR 24b, REGI	STRAR'S SIG	S. There	



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		2972	-	CERTII	FICA'	TE OF DEA	ATH				023	955	
1. PL o.	COUNTY C	ecil		MAR	YLAND	2. USUAL RESIDER			lived. If institut	Y 1	nce befor	e admin	ilon)
	CITY OR TOWN (II RURAL and give no Perry	Point		c. LENGTH OF STAY	-	c. CITY OR TON		outside corporo	te limits, write	RURAL ond	give nea	rest low	n)
	OK HASHIBLION			n Nospital		d. STREET ADD 7536		ood, S	E.				FARM?
D	AME OF ECEASED ype or print)		First RTHUR	Middle S.		Lost BERR	Y	4. DATE OF DEATH	Maj	nth	Do;		Yeor 19 6]
S SE	x Male	6. COLOR OR RAC	E 7. MARI	RIED NEVER MARR		11-27-9	0	9	AGE (In years lost birthday) 70 yrs	Months	Doys Doys	Hours	R 24 H Min
	during most of work  Printer  ATHER'S NAME	ing life, even if retir	Govt	Printing		CE SOU	th AIDEN	Caroli:	na		USA	WHAT	OUNTI
S. V	VAS DECEASED EVE	ilton Be: IN U. S. ARMED F If yes, give wor or doles: WW=I	ORCES? 16.	SOCIAL SECURITY NO None		Not asc FORMANT Spital R			Ad	dress		TVI -	1
	Conditions, if or gove rise to it couse (o), stoling lying couse lost.	mmediate (	(b) Ca	rcinomato abdomina mph nodes	l lyr	nph nodes						ınkn	own
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CO	ONDITIONS	CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO T	HETERM	INAL DISEASE	CONDITION G	IVEN IN PA	RT 1(o) 1	PERFC YES-	RMED
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEAT MEDICAL EXAMINE	H	CRIBE HOW INJURY	OCCURRE	). (Enter nature of i	njury in	Port I ar Port	Il of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy.	While	NJURY OCCURRED Not while of of work		ACE OF INJURY (Ho tary, street, affice b			or town)		(County)		(510
				ded the deceosed								stoted	aba
	22o. SIGNATURE	1. L. M	con	ey		ATTENDING PHYS.	D	ED.	STAFF PHYS.			3-	SIGN
	22c. PHYSICIAN'S NAME (Type)	A. L. MOON		sst.Clinic		athologi						•	and have been done or
BE	BURIAL, CREMATIC REMOVAL (Specify)	3/22/	196/		METERY O	ton		Arl:	on (City, town	Vir	gini	(Sto	te)
24.	Penning		Нет	ADDRESS	ace.		Sa. REC	AR 27	n 4	Circling	2 1 4		

In by the funeral director ond 2 should be filed IG PHYSICIAN: The low requires that the death certificate be executed within 24 hours after de TO HOSSIAL OR ATTENING FRYSICIAN: The low requires that the death certificate be executed within 24 may thained by the pital or attending physician.

TO FUN MAL DIRECTOR: After this certificate has been signed by the attending physician and campletely finges 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hard-after death. VR A1S (4) 15M 9/59

100 • + 6 | 6 • . .

FOR STATE M Health DELY EXAMINER: This certificate should be executed within 24 hours after death. To delay is ned to the contract the christian the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to winneral director, rage should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, it is designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO P OI

> VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-	N	310								_	_11	USU	0
1.	PLACE OF DEATH	H			2. USUAL	RESIDEN	CE (Where						
	.,,	Cecil		MARYLAND	a. STATE	Ma	arylar		b, coun		Ceci	1	
		if outside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY O		f outside cor		mils, write	RURAL e	nd give	nearest to	wn)
		give nearest town) oint, Maryla	hand	Less than 24	rs.	C D	and De		4.4				
3		TAL OR INSTITUTION (if			d, STREET		ort De	goos.	T C			I e. 15 R	ESIDENCE
												ON	A FARM?
2		Administrat	sion			43	Grani	Lte .	Aven	ue		YES	NO
3.	NAME OF DECEASED	First		Middle	Last		4. DATE		Month		Day	Yee	r
	(Type or print)	CLYDE		A. 7	BODD	Y	DEAT	H	Mar	ch	8	19	61
5.	SEX	6. COLOR OR RACE 7	MARRIE	NEVER MARRIED 8	. DATE OF BIRT	Н		9. AGE	(in yeers			-	R 24 HRS.
	Male	Negro	WIDOWE	DIVORCED	12-9-	20		40	irthdey)	Months	Days	Hours	Min.
10	. USUAL OCCUPAT	ION (Give kind of work	10b. KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPL	ACE (State	or foreign co	ouniry)		12. CI	TIZEN C	F WHAT	COUNTRY
do	ne during most of wo	orking life, even if retired)	TT	C Co		rylar				II	SA		
13	FATHER'S NAME		1 0 . 1	S. Government	14. MOTHER"					1 0			
10		urice Boddy	- (20	(500000			dec	2000	(50				
15				SOCIAL SECURITY NO. 17.		o one:	lace	- C C D					
	is, no, or unkown) (i	fyes give war or detes of serv	ice)			Wh.		TTATY	Address		703		. 7
	Yes	WW-II			ospital	Rece	ords,	VAH	, Pe	rry .	Poir	it, M	ld.
		DEATH Enter only one ca	use per li	ne for (e), (b), and (c).]								ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	tele	ctasis of the	lungs d	ue to	a mu	copu	rulen	t		5 ho	
	74	A DUE TO	exud	ate (foreign l	ody in	the b	ronchi	1).				,,,,,,	
	Conditions, if any	//	and lane		abasaud .			,					
	geve rise to immedi	inte ceuse	RECTION	a, recurrent,	curoate	, sev	ere.	-		_	-		
	(e), stating the u	nderlying DUE TO											
	cause last.	3 (c)_											-
ON	PART II. OTHER	R SIGNIFICANT CONDITIO	ONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMIN	AL DISEASE	CONDIT	ION GIVE	IN IN PAR	RT 1(a) 1		AUTOPSY DRMED?
3												YES XX	NO 🗌
CERTIFICATION	20a. EXTERNAL CA		DESCRI	BE HOW INJURY OCCURED.	Enter neture of In	jury In Peri	I or Part II o	of Item 18	1.)		- 1-		
8	PRIMARY   or CO	MIKIROLING []											
4	20c. TIME OF INJU	RY Month, Day, Year	1 20d. I	NJURY OCCURRED   200, PLA	CE OF INJURY	Home, ferm	, 20f. (Ci	ly or low	n)	(Co	unty)		(Sleie)
MEDICAL	Hour s.m.		While	Lane 1401 14 11111 Lane	ory, street, office	bldg., etc.	)						(
×	p.m.	19	at work					(00)		(WP)			
	21. I certify th	nat I took charge of	he rem	ains described above, he	ild an Aulop:	Y K	Inspection	X.	Inquir	/ [X],	and	in my o	pinion
	death resulted	pon: Natural caus	es X,	Accident . Suic	ide, H	omicide	, U	ndeterm	nined ma	anner			
	/	11 00h) x	11	1 1011	CHIEF	MEDICAL E	EXAMINER [						
	ACTUAL /	Marc	The.	non	ASSIS	TANT MEDI	CAL EXAMI	NER 🗍			I	ATE SIG	BNED
-	SIGNATURE				M.D. DEPLIT	Y MEDICAL	EXAMINER	57				~ ^	-
	EXAMINER'S NAME (Type)	R. C. D	DDSO	N			ity, lown, o		Pici	na S	12.22	3-9-	91
228	BURIAL CREMATIC	N, 226. DATE THEREOF	1	22c. NAME OF CEMETERY OF			22d. LOCA					(Ste	te)
	REMOVAL (Specify	1 4/4/.	,	Mt. Zoax	•				igo,				
22	CHNEDA! DIRECTO	111111	1	ADDRESS		242 050	'D BY REGIS'						
23	. SUNERAL DIRECTO	TITA		1 - 2 - 1 - 1									
	Demningt	on & Son, H	avre	de Grace, Me	i.	DATEMAF	1 3 '6'	1	and	lun S.	Man	A	

TO ALCOHOLOGICAL SERVICIONES DE CONTRACTOR D agust The in that will be a to end out to the out to 40- -54 (CE) partition completely. and of the state o The enterouse a co-ope that say to old foolest . Then come and and special and the last and .organ a falmeras Josephores , malifel The state of the s sections was sum-- Transaction of the state of t

# FOR STATE MEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
297 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		2974AEE	CAL	EXAMI	NER'S	CERT	IFICATE	OF	DEATH			O O F W
	LACE OF DEATH	Cecil		M W C	YLAND	2. USUA a, STA		100	b. COUN			de d
Ь.		outside corporete limi	ls,	c. LENGTH OF S		c. CITY			porata limits, write			
		giva naarest town)	L	ess than	24hr	Sa	Havre	de	Grace	1.	13	4-1
d.	NAME OF HOSPIT	AL OR INSTITUTION					ET ADDRESS					. IS RESIDENCE ON A FARM?
		lministrat	ion Ho	ospital		8	09 Garf					YES NO
D	AME OF ECEASED ype or print)	CARR	OT.T.	Middle S.		La TR	ond 4	OF DEAT			Day	Yeer 19 6 ]
5. S	EX	6. COLOR OR RACE		NEVER MARI	RIED [ ] 8.	DATE OF B			9. AGE (In years		-	IF UNDER 24 HRS.
I	Tale	Negro	WIDOWED			5-15-	-12		48 yrs.	Months De	ys	Hours Min.
1Da.	USUAL OCCUPATI	ON (Giva kind of work		D OF BUSINESS			PLACE (State or	foreign co		12. CITIZ	EN OF	WHAT COUNTRY?
Acces	ood Hand	_	DTC	tetic De	_	Maj	cyland			US	A	
13.	ATHER'S NAME		V.A.	Hospit	al	14. MOTHE	R'S MAIDEN NA	ME			-	
		rge E. Bo		ceased)		May	Thomas	s (	deceased	1)		
		R IN U.S. ARMED FOR yasgive war or detail of s		8-05-37		NFORMAN	T		Address			
	PART I. DEATH	WW-L1 EATH [Enter only one I WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	vent	a for (a), (b), and	fibri	Llatio			VAH, Per		15	erval Between Set and Death minutes
	Conditions, if any gave rise to immedia (a), steting the uncause lest.	ata cause	raot	y degene	:ractor	I OI C	cause.	aue	to unkn	own	Un	known
CERTIFICATION	PART II. OTHER  20s. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	SIGNIFICANT CONDITION OF THE STATE OF THE ST		RIBUTING TO DE						EN IN PART		PERFORMED?
MEDICAL	Hour a.m.	RY Month, Day, Yao	while at work	Not While			Y (Homa, farm, lice bldg., atc.)	20f. (Ci	ty or town)	(Count	y)	(State)
	21. I certify th	at I took charge o	f the rema	ins described	above, hel	d an Auto	psy 🚾 in	spection	Inquir	у [С].	and i	in my opinion
	death resulted for	Natural ca	uses 🔼	Accident	, Suici	de,	Homicide _	], U	ndetermined m	anner 🗌		
	/	IN OOA	Den	ola.	10 - 1	CHI	EF MEDICAL EXA	AMINER [				
	ACTUAL SIGNATURE	"CU	000	UNI	un (	M.D.	SISTANT MEDICA		_			ATE SIGNED
	EXAMINER'S	R. C.	DODGON	т			UTY MEDICAL EX				-	-14-61
22a.	NAME (Typa) BURIAL, CREMATIO REMOVAL (Spacify)			2c. NAME OF C	EMETERY OR				TION (City, town		19	(State)
1	Surial	13-18-6	1	Mrt. Cal	vary!	ernel		Her	heen, &	Herriord	CC	o, 121.
	FUNERAL DIRECTOR	Crescol of L		ADDRESS 5				BY REGIS	TRAR 24b. REG	ISTRAR'S SIGI	NATU	RE.
BU	TTOCK TO	ineral Hon	ие, на	M.e de	Grace	, FIG.	DATE MA	R 16	'61	Talling . S.	the	us.

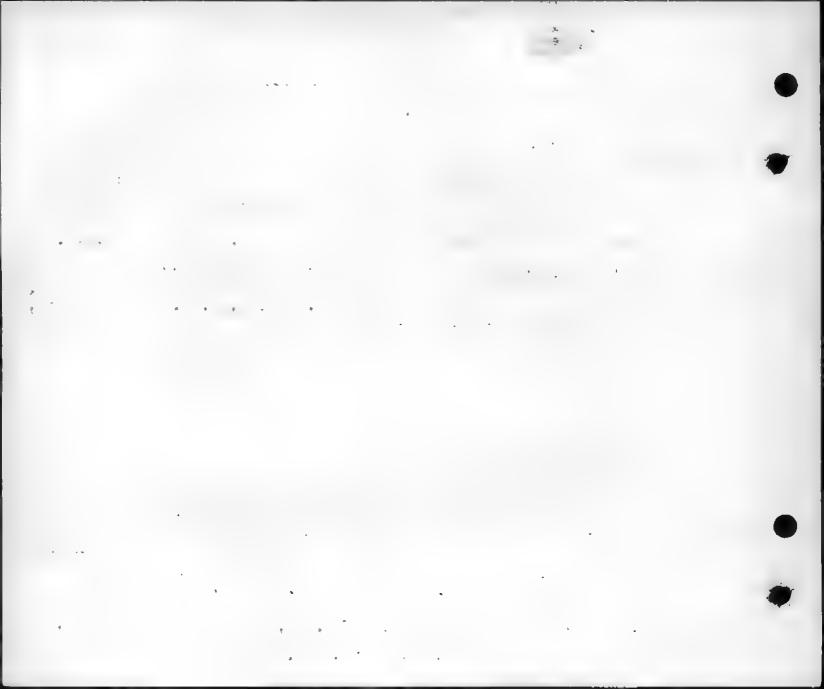
TO DX ITY MEDIC EXAMINER. This certificate should be executed within 24 hours after death. If it delay is necking please execute the certificate, writing the word "pending" in pencil in fem 18. Give Pages 1, 2, and 3 to fix more all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, an its designated agent, prior to burial, creminion, or removal, and in any evolution 72 hours after death. M ATSME

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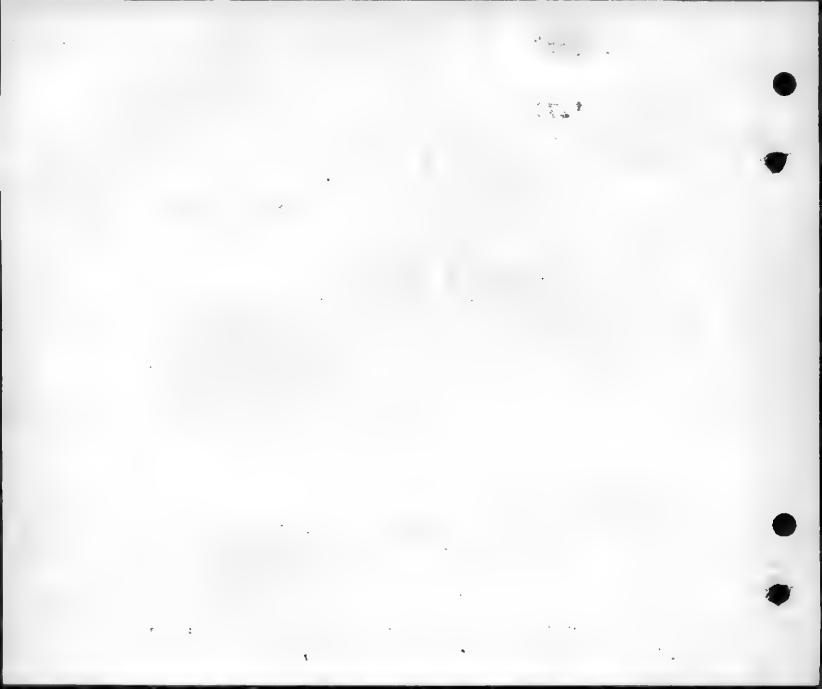
1(				Items 2a,	b,c 8	d CERTIF	nat.	TE OF DEAT	rt.of H	Birth -	3/29/6] teg. Dist. No	_
Arector Ministraction	[VI)	1.	PLACE OF DEATH	ecil		MARYL	AND	2. USUAL RESIDENCE (W	here deceased	lived. If institution: b. COUNTY		are admission)
deo deo	)		CITY OR TOWN (I RURAL and give no	f outside corporate li	mils, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF		ate limits, write RUR	Cecil AL and give ne	arest town)
rs after by the fu	65		OR INSTITUTION	Ac (If not in hospitol, Hospital	give street			d. STREET ADDRESS	Box 26	5		e IS RESIDENCE ON A FARM? YES NO
l and		1	NAME OF DECEASED		First	Middle	7	lost	4 DATE OF DEATH	Month	10	lay Year
Fill Spes		S. :	Type or print)	Bruce	=   7	Wayne		Bowers		March 9. AGE (In years   IF	UNDER LYFA	19 6 7 R IF UNDER 24 HRS
l with		3	Male	White	WIDOW	RIED NEVER MARRIED		farch 18.	1961		Aonths Days	Hours Min
ulec Smp pper h.		10a	USUA, OCCUPATIO	N (Give kind of war	k dane 10b.	KIND OF BUSINESS OR		RY 11. BIRTHPLACE (State		untry)	12. CITIZEN C	F WHAT COUNTRY?
and co		20	None	ring life, even if retire	ed)	None		Elkton	Md.		U.	S.A.
on carb	T	13.	FATHER'S NAME	~				14. MOTHER'S MAIDEN				
ficat ysici ove	(F)	15		Cullen E		SOCIAL SECURITY NO.	IN	Delore	s Darl	ene Adk		377
erii P P P P P P P P P P P P P P P P P P P		ŭ.	ne or unknown)	(If yes, give war or dalm o	f service)							Md.
ding ding in 7		$\vdash$	no caller or per	THE Property of the same		110 ne for (a), (b), and (c) ]	Ar	thur C. Bo	wers,	R. U. 2		TERVAL BETWEEN
dea tten plea				TH WAS CAUSED BY			and the second					SET AND DEATH
the hen			1/1/	IMMEDIATE CAUSE	(0)	men ale	27	- 4			- 4	7 06 2 .
hat your			1/6	DUE 1	0							
ed b			Canditions, if a gove rise to i	mmediate	(b)							
quir sign			couse (a), stating lying cause lost.	the under- DUE 1								
Cior Sen ansi		z		IER SIGNIFICANT CO	(c)	CONTRIBUTING TO DEAT	H RUT N	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION G VEN	IN PART 1(a)	19. WAS AUTOPSY
physical phy		FICATION				5011/1100-1110-100-5011					,	PERFORMED? YES NO
tending ficate the bu	0	CERT	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter noture of injury in	Part I ar Part	II of item 1B)		
HYSIC I or att use as mation		MEDICAL	20c. TIME OF INJUR Hour to m, p. m	Y Month, Doy, 1	While	NJURY OCCURRED  Not white t of work	Ge PLA	CE OF INJURY (Home, for ory, street, affice bldg., at	m, 20f (City	or tawn)	(County	(State)
pito er # far				at Lattended th		ed from 3 10		. 1967. ta	3 /	Z, 195-Lith	at Llast sa	w the deceaser
Shed Ched			alive an	3-12				accurred at 12:1				
TOR TOR deta to b			1			3			ADDRESS (St	eet, city or lawn, sto	ote)	3 DATE SIGNED
REC be be be riar			SIGNATURE	erecuse	٠	1 xxxxxx	<u>M</u>	.D	232	* = = = = = = = = = = = = = = = = = = =	- Ser	5-17-01
ain ain should should stror p			PHYSICIAN'S == NAME (Type)	77/1.	A.	2006	21 S	6 v. 1-1- i)	2	44, "	6 . 1.	£
OSP INE	. 1	220		N, 22b. DATE THER	EOF	22c NAME OF CEMET	ERY OR	CREMATORY	22d. LOCAT	ION (City, town, ar	county)	(State)
moy to FUN page	1	I	REMOVAL (Specify)	3-21-6	51	Gilpin M.	ano	Mem. Pk.	Nr.	Elkton.		Md.
7 7	3	23	FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS			D BY REGIST		RAR'S SIGNATU	
VS A15 (4) 15M 9/58	0	Ρ.	PPIN FU	VERAL HON	IE No	all De	El	kton, lide	TIMIN 4 9	01 6,4	Im S. tu	are A
			651	8.2 X V 1								

MARYLAND STATE DEPARTMENT OF HEALTH-RAITIMORE 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 8 & CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate timits, write RURAL and give nearest fown) RURAL and give pearest town) shauld d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO P 4. DATE NAME OF Middle Month Day Year DECEASED DEATH (Type or print) 1961 oges Œ IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 7. MARRIED NEVER MARRIED 18 DATE OF SIRTH 5. SEX 6. COLOR OR RACE pletely last birthday) Months Dovs Hours WIDOWED | DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farming Farmer puo å pan 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician ğ .6014€ INFORMANI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 21-18-0418 no aftending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Cardiovescular d Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the under-Б ly na couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CERTIFICATION PERFORMED? YES NO T 26a ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg , etc.) Hour o m. While Not while . 19 at wark 🔲 ot work p. m 21. I certify that I attended the deceased from 1967, that I lost sow the deceased and that death occurred at 2227M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED DIRECT ACTUAL SIGNATURE ld be PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, lown, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOYAL (Specify) วันหา ลโ Cemeterv Elkton 20 **ADDRESS** 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE brokh Re Elkton. Md DATE PR

VS A15 (4) 15M 9/5B



15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02961 **CERTIFICATE OF DEATH** 2978 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Cecil MARYLAND Md. Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld Elkton vears Elkton d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Street High Street gh YES NO FIX NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) DEATH March 1961 HTTGR BRAUNSTEIN 0111 6. COLOR OR RACE 7. MARRIED MEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS SEX 9. AGE (In years last birthday) Manths Doys DIVORCED | WIDOWED [ Female papers. 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. U.S.A. & Dancing Wilmington. Music Del. Teacher-Pup 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anna Starr John Braunstein 9 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address offending William no none Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). **DUE TO** Conditions, if any, which been signed b transit permit. gave rise to immediate DUE TO cause (a), stoting the underlying couse last. burial-transit PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or fown) (County) (State) factory, street, affice bidg., etc.) Q. 13. While Not while at wark at work 21. I certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_\_\_, that I last saw the deceased and that death occurred at 12/17M, from the causes and an the date stated above. detach ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE O PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial Cemetery Μd 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 BATE MAR Elkton

within

5



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RES **BALTIMORE 1, MARYLAND** Items ld & 9 Film G28 Where decresed lived, If institution: Residence before 1. PLACE OF DEATH n. COUNTY e. STATE Cecil MARYLAND OR TOWN (If autside corporate limits, write RURAL and give neeres) lown) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 meral director. YOUR write RURAL and give nearest lowed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ò Boar . IS RESIDENCE ON A FARM? State Pv.t.home NO [ Jole 3. NAME OF M ddie 4. DATE DECEASED OF ile H [Type or print] DEATH Bertha Smith EXAMINER: This certificate should be executed within 24 hours after death. With 5. SEX 6. COLOR OR RACE AGE (In years AF UNDER 1 YEAR IF UNDER 24 HRS. 17. MARRIED [ NEVER MARRIED 2 with last birthdey) Months Days Hours WIDOWED TO DIVORCED F 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Page 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! in pencil in Item 18. Give Pages 1, U.S.A. pages Housekeerer Keeping house 14. MOTHER'S MAIDEN NAME Office along with form PM3. burial-transit permit, File pages novel, and in any event within 13. FATHER'S NAME no information ne information 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | [[fyesq:vewerordetesafservice] Mrs. H. Redziewicz. Perryville. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY-Cerebral Hemmerrhage IMMEDIATE CAUSE (+) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stating the underlying Examiner ceuse lest. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 28 secute the certificate, writing the word Medical I NO 20b. OESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ute the certificants forwarded to the Chier forwarded to the Chier forwarded to the Chier forwarded to the CTOR. Page 3 Chief m 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or fown) 20c. TIME OF INJURY Month, Dev. Yeer (County) (State) fectory, street, office bldg., etc.) While Not While et work al work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [ Inquiry and in my opinion Natural causes 1991 Undetermined manner death resulted from: Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICIEL EXAMINER **EXAMINER'S** NAME (Type) R. C. Dodson 220. BURIAL, CREMAT ON, 225. DATE THEREOF plnous 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 40 Buria] Hopewell Cometery Port Deposit RD Maryl
246, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE UNERAL DIRECTOR VS. A15ME OAMAR 2 8 '61 aretur S. Thous 5M 7/S9



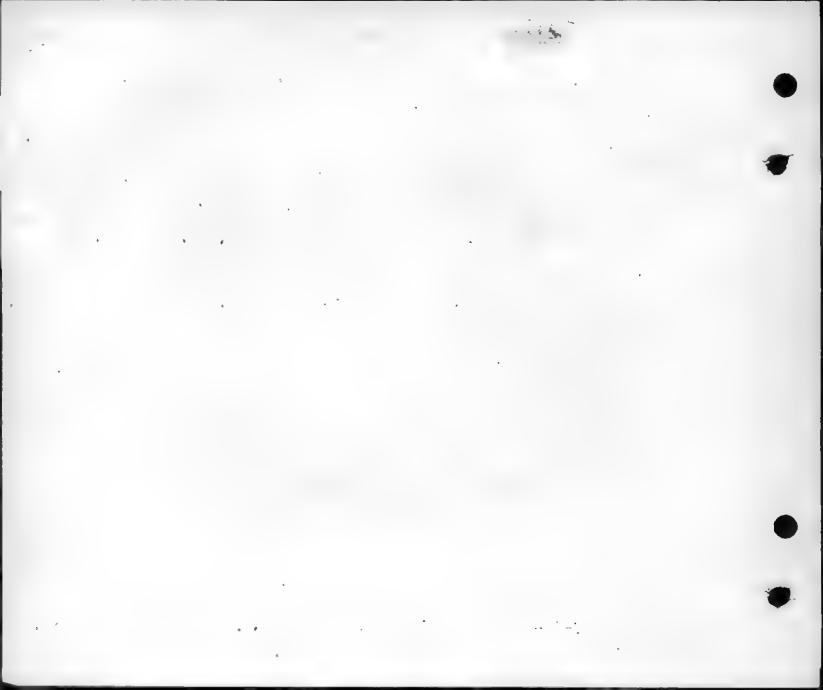
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 12962 2980 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed If institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Md. Cecil Ceci b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) P Chesapeake City Chesapeake City days d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS n. 15 RESIDENCE OR INSTITUTION ON A FARM? YES NO V Morgan Nursing Home NAME OF Middle 4. DATE Lost Month Day Year DECEASED MARY FEARS DEATH (Type or print) March 10 SEX 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED B DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) elel Months Days White Female WIDOWED [ DIVORCED [7] papers. campl 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Home Philadelphia. U.S.A. At and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate Esther Mae John Mellor physicio mave INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address William Fears, Chesapeake City. attending none 1B. CAUSE OF DEATH [Enter only one couse per light for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** þ permit. Conditions, if ony, which been signed gave rise to immediate DUE TO couse (a), stoting the underte has been signated lying cause last. physician Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY remayal, PERFORMED? CAT YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port or Port II of item 18.) certificate attendin MEDICAL 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f. (City or town) (State) (County) factory, street, office bida, etc.) O. III While Not while of work of work After 21. I certify that I attended the deceased from 19/22, that I last saw the deceased and that death accurred at\_\_\_\_ M. from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL prior SIGNATURE Ю PHYSICIAN'S NAME (Type) BURIAL, CREMATION. 22d. LOCATION (City, lown, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) page TO FUN REMOVAL (Specify) a` Bethel Chesapeake ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR

VS A15 (4)

1SM 9/SB

JAR MAR 2

Elkton.



		CERTIFICATE OF DEATH  Reg. Dist. No. (1) 2.9	164
M		PLACE OF DEATH  O. COUNTY  O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on STATE  Maryland  Maryland  Decil	sion)
			SIDENCE A FARM?
	- (	NAME OF DECEASED (Type or print)  Name OF DeceaseD (Type or print)  Penjamin E Felpel DEATH 3 /3	Year 196/
		Male White WIDOWED DIVORCED 9-25-1888 9 AGE (In years   IF UNDER TYEAR IF UND	Min.
	10a	DO USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Tarner  12. CITIZEN OF WHAT C	COUNTRY
1	15	A FATHER'S NAME  14 MOTHER'S MAIDEN NAME  William Feloel  Was DECEASED EVER IN J. S. ARMED FORCES P16 SOCIAL SECURITY NO INFORMANT  Yes, no, or immorral (I'ves, gives were dates of service)  Yes, no, or immorral (I'ves, gives were dates of service)	
2		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET AND	ETWEEN DEATH
	CATION	DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFO	AUTOPSY DRMED?
2. 3	CERTIF	20a ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	Hour o. m. While Not while of work of work of work	(Stote
		21. I certify that Lattended the deceased from 1946, to 13 March 1961, that I last saw the dalive an 13 March 1961, and that death accurred at 3:50 M, from the causes and an the date stated ADDRESS (Street, city or town state)  ACTUAL SIGNATURE MD. No. 14 East 1861  MD. No. 14 East 1861  MD. 1961, that I last saw the date stated alive and 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive an 1961, that I last saw the date stated alive and I last saw the date stated alive	
	220	PHYSICIAN'S NAME (Type)  PHYSICIAN'S NAME (Typ	
		REMOVAL (Specify) 3-16-1961 West nottinghom Rising Sun 90 Cecl M.  3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	ie)
W.	-	Joseph R. Granh north East. macyland DATE MAR 17'61 Curthur S. Huma	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## FOR STATE HEALTH DEPT.

TO D. ITY MEDIC EXAMINER. This certifical should be executed within 24 hours after death. I delay is nectorabless. Examiners writing the word "pending" in pendil in Item 18. The Pages 1, 2, and 3 to the interest director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2-with the State Board of Hearth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME SM 7/59

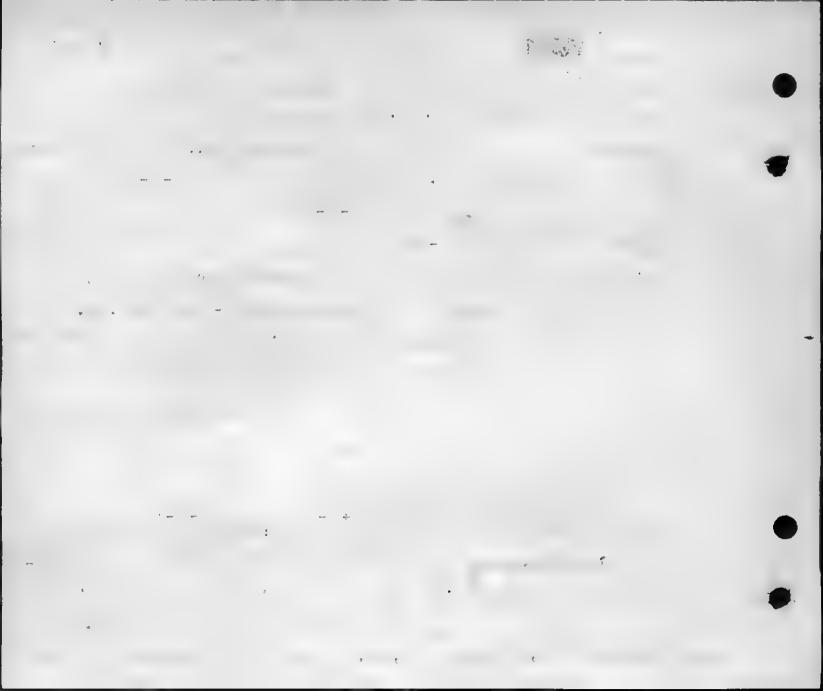
## MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2382 MEDICAL FYAMINED'S CERTIFICATE OF DEATH

ı	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Re	sidence before admission)
I	a. COUNTY Cecil MARYLAND	. STATE Md. b. COUNTY Co	ecil
ł	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16	c. C TY OR TOWN (If outside corporate limits, write RURAL and	
1	write RURAL and give nearest town) Calvert 5 years	Elkton	
γ.	d. NAME OF HOSPITAL OR INSTITUTION (.f not in hospital, give street address)	d STREET ADDRESS	. IS RESIDENCE
1	Graybeal Mursing Home	a shirt poorts	ON A FARM? YES NO X
1	3. NAME OF First Middle	Last 4. DATE Month	Day Year
1	(Type or print) EDWARD VEASEY	FORD DEATH March 2	1. 1961
		DATE OF B.RTH 19. AGE (In years   IF UNDER 1 )	
	,	June 14. 1883 77 yrs. Months D	ays Hours Min.
1	108. USUAL OCCUPATION (G've kind of work   10b, KIND OF BUSINESS OR INDUSTRY	/ 1	EN OF WHAT COUNTRY?
1	General Laborer Farming		
	General Laborer   Farming	14. MOTHER'S MAIDEN NAME	J.S.A.
1	Charles H. Ford	Susan Pierce	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) ((Ifyasgivewarordatasofservica)		nden. N. J.
ı		. Lydia Ward, 606 Mt. Verno	,
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	and water from the coop is a first to the	INTERVAL BETWEEN
ı	PART I, DEATH WAS CAUSED 8Y, IMMEDIATE CAUSE (6) Chronic myocard:	itis -	ONSET AND DEATH
			-
١	7 LA 1 DUE TO	ate artnama	cottonol trac
1	Conditions, if any, which gave rise to Immediate cause	STS - GVCLeme	several yr
	(a), stating the underlying DUE TO		
	Cause last. (c)	THE TATE TO THE TRAINING CONTRACT CONTRACT OF THE TATE	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
		ATT AND NAME OF THE PARTY OF TH	YES NO T
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	nature of Injury in Part I or Part II of Itam 18.)	
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED , 20e. PLACE		ry) (State)
1	at make a second and a second a	ry, streat, office bldg., atc.)	
1	21. I certify that I took charge of the remains described above, hel	d an Autopsy   Inspection   Inquiry   y	and in my opinion
		de . Homicide . Undetermined manner	and in my opinion
	dodni rosured irom. Madrai cassos A. Accident	CHIEF MEDICAL EXAMINER	
	ACTUAL DELLA DELLA CONTRACTOR		DATE SIGNED
	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	3-22-61
	PAMME (Type) R. C. Dodson, M.D. 13 E	Chonner St. Ricing Sun I	J
	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR		(Stata)
	REMOVAL (Specify)	Continue Ma	
	Burial 3-25-61 Cecilton Cem	etery Cecilton, IId.	NATURE
	Λ	71-1-1 NAR 2 4 '91	
- 6	PIPPIN FUNERAL HO'E CO. II TO E	IKUON patia. 441 arthur	0 4



physician Paris Salar - B B 9 VR A15 (4) 15M 9/60



North Past, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Ceci1

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

Mary1and

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES TO NO IX

(Stote)

(State)

USA

26

Days

(County)

Cailing 9 H

DATE MAR 2 8 '61

Months

ON A FARM?

YES NO THE

Year

1961

VS A15 (4) 1SM 9/SB



STREET, BALTIMORE 1, MARYLAND FOR STATE HEALTH DEPT . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY e. STATE b. COUNTY director, rage Cecil MARYLAND b, CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (if outside corporata I m is, write RURAL and give nearast town) c. LENGTH OF STAY IN 16 write RURAL and give neerest lown) Baltimore 28 Elkton Hour d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 203 Shady Union Hospital Nook YES NO TO 3. NAME OF 4. DATE Middle DECEASED ihe i (Typa or print) HUGHES, SR. DEATH March 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED Page 5 may is 1 and 2 within 72 bedrs at last-birthday) DIVORCED [ April Male WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore on country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retirad) U.S.A. Virginia O. R. R. Conductor pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alvin Hughes Unknown 20 Mady Nook Court 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yasgiya war or datasof servica) Mrs. Milber R. Hughes, Baltimore 28, Md. 18. CAUSE OF DEATH [finiar only one cause per line for (a), (b), and (c), [ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crushed chest, fracture of the left femur IMMEDIATE CAUSE (a) Office DUE TO burial Pneumorkx Thorax DUE TO (a), stating the undarlying PART II, OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81, 19, WAS AUTOPSY PERFORMED? should be it NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of Itam IB.) 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. Truck with fork lift ran over him 20c. T ME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, streat, office bldg., etc.) Not While While Hour e.m. Chills Cecil at work K at work | Factory yard DIRECTOR: 1 21. I certify that I took charge of the remains described above, held an Autopsy inspect on | x Inquiry Tr and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER Dodson. Rising Saddy (Street Cary, town, or county) 228, BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY I 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) 40 Park Cemetery Baltimore Md. Loudon 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur S. Kraus MAR 1 4 '61 Elkton.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 2986 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 6 COUNTY MARYLAND Cecil 7 Maryland Cecil b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) Mills Lifetime Elk Mills d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES TO NO THE NAME OF Middle 4. DATE Month Yeor Day DECEASED (Type or print) DEATH Harriet Virginia Kav 19 6 6. COLOR OR RACE 7. MARRIEDY NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH Months Days WIDOWED [7] DIVORCED | /19/1878 papers. 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? House Wife U.S.A. puo corbon House work Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Atkinson Moore remave hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT North East.Md. attending Thomas N. Kay No. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) Coronory thrombosis **DUE TO** ģ permit. Arteriosclerotic heart disease Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. Arteriosclerosis generalized burial-transit unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO 🖵 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem 18.) as the 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) 22 Hour o. n. While Not while of work of work 21. I certify that I attended the deceased fram Feb 15 ......, 1961, to April 1....., 1961, that I lost saw the deceased \_, and that death accurred at 12:25P.M. from the causes and on the date stated above alive on March 31 ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 257 E. Main Street. PHYSICIAN'S WALLACE M. JOHNSON. M.D. NAME (Type) Newark, Delavare 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) TO FUN REMOVAL (Specify) 3/4/1961 Burial Cherry Hill Cemetery Cherry H111 Md

ADDRESS

Elkton, Maryland.

24b. REGISTRAR'S SIGNATURE

Withing & France

240, REC'D BY REGISTRAR

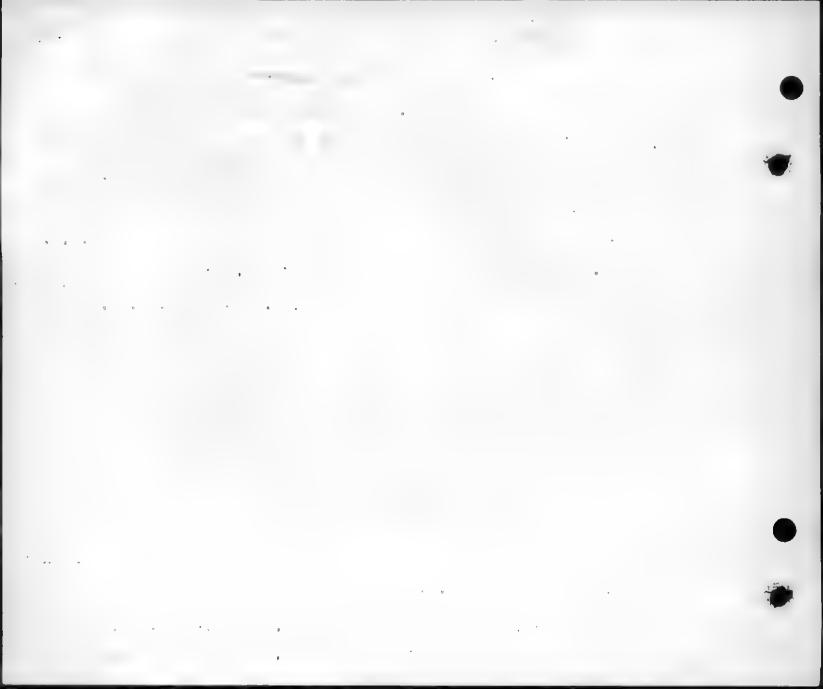
DATE APR 7

23. FUNERAL DIRECTOR'S SIGNATURE

within



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 71

ŀ	1. PLACE OF DEATH		La travera page 221	an and	in the state of th			
Λ	a COUNTY		a CTATE	CE (Where decresed fived,	UNTY	./		
	Cecil	MARYLAND	Mar	yland	Harfor	'd		
ľ	b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		If outside corporeta I mits, w	rita RURAL and give nee	rest town)		
	Perry Point	7 days	Havr	re de Grace,	Md.	1.1 1.2.1		
j	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pitel, give street eddress)	d. STREET ADDRESS	-		ON A FARM?		
	Veterans Administration H		617 Adams	Street		YES NO K		
	3. NAME OF First DECEASED	Middle	Last	4. DATE Mo	nth Day	Year		
	(Type or print) BENJAMIN	F.	MC MASTER	The state of the s	rch 1	19 61		
J	5. SEX 6 COLOR OF RACE 7. MARRIE	NEVER MARRIED 1 8	. DATE OF BIRTH			JNDER 24 HRS.		
1	Male White WIDOWE		10-23-95	last birthday	Months Days H	lours Min.		
¥	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign count	y) 12. CITIZEN OF V	VHAT COUNTRY?		
	Laborer unknown		Pennsylva	ania	USA			
ľ	13. FATHER'S NAME		14. MOTHER'S MAIDEN		-			
	Alexander McMaster  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unkown), (Hyesgive weror detect of service)		Minnie Mo	oore (decea	sed)			
		14 20 7941 Ho	ospital Reco	ords, VAH, P	INTER	AL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perit	onitic gecome	lemy to ext	rovegetions		hrs.		
				LUADBURTONE T		111100		
ı	burio abdominal contents							
l	geve rise to immediate cause							
ı	(e), stelling the underlying but to of abdominal contents  [course lest   Diabetes mellitus, severe and uncontrolled   12 years							
ı								
ı	Cholol	lithiasis, ch	monio -	unknown	YES	PERFORMED?		
1	200. ACCIDENT WAS UNDERLYING   20b. DES	CRIBE HOW WIJURY OCCURED						
l	PART II. OTHER SIGNIF CANT CONDITIONS CON Choles  Choles  On Contributing Cause of Death III (III Either, Notify Medical Examiner)							
Ì	ZOc. TIME OF INJURY Month, Day, Year   2Dd. I		CE OF INJURY (Home, far		(County)	(State)		
l	20c. TIME OF INJURY Month, Day, Year 2Dd. I While Hour a.m. While p.m. VA 19 et worl	Not While fed	ory, straat, office bldg., at	E+)				
1	21.   certify that (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ted the deceased from	ebruary 22.	1961 to March	1 19.613036	K DETECTION OF THE TEXT		
	save the selection of t							
	220. SIGNIURE					22b. DATE		
ı	Thursto Cin		D. ATTENDING	MED. STAFF	7	3-1-61		
	22c. PHYSICIAN'S		22d, ADDRESS	Land to the	m.b.	2-1-01.		
	NAME (Type) LOUIS G. CIAN	, Chief, Resid	dent Surgica	al Service.V	aH.Perry Po	aint. Md.		
		23c, ANTE OF CHIETONY				(State)		
	238. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	Weli (D)	ino	Wolfs	Pa	,		
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e, RE	C'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATUR	LE		
	JENNINGPON & BON, Hav	re de Grace	Md. DATE	MAR 6 '61	Cathur S. Kray	4		

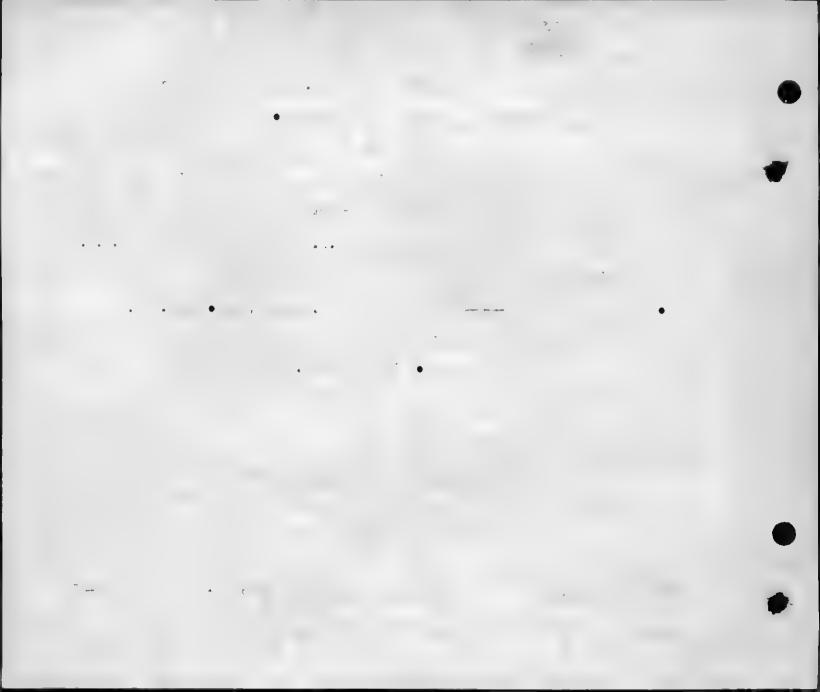
TO HO TITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 so after death conficients and complete the following physician.

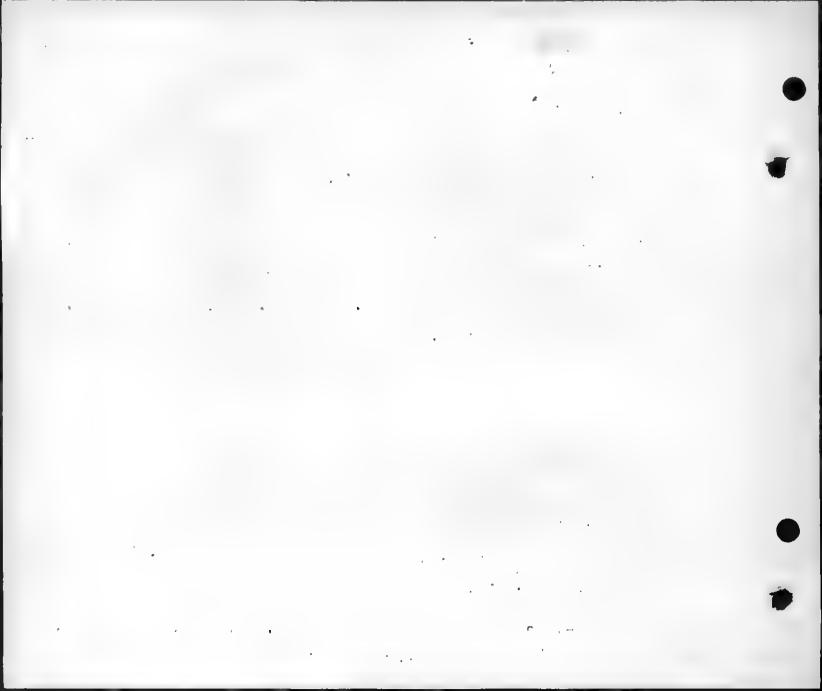
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) I director. Page for your files. e. COUNTY e. STATE b. COUNTY Cecil MARYLAND  $Md_{-}$ Cecil b. CITY OR TOWN (if outside corporata limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I'm ts, write RURAL and give nearest town) write RURAL end give neerest town 40 Cenowingo yrs Conow ing. Board Ö d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? State YEST NO 3. NAME OF First Middla 4. DATE DECEASED OF the (Type or print) 19 61 DEATH Ada and 3 to ₩.th 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRB may 2 with 5 n. 2 hours 76 yrs. Months Hours WIDOWED DIVORCED within 114 hours afte a. USUA. OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) ome U-S-Apages 1 within Housewi.fe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jane Stansbury Da**vi**d Graybeal This certificate should be muscated within form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give war or datas of service) office along with the burial-transit permit amoval, and in any e in pencil in Item 1 George C. Miller, Conewingo. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO removal. Carcinoma of left breast. (b) gave rise to immediate cause "pending" 60 DUE TO (e), steting the underlying 10 cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 Cremai Medical NO pluods 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Itam 18,) of the Cir. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ficate, writing MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, term, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work prior forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection and in my opinion designated agent, Suicide death resulted from Natural causes Accident Homicide Undetermined manner ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S R.G.Dodson pluods NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 .0 24e, REC'D BY REGISTRAR 24b. REG STRAR'S SIGNATURE VS. A15ME 5M 7/59





MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY firector, Page your files Health, e STATE b. COUNTY b. CITY OR TOWN (if outside corporete | mits, MARYLAND Maryland Cecil

C. CITY OR TOWN (If outside corporate I.m. 's, write RURAL and give neerest town) . c. LENGTH OF STAY N 16 write RURAL and give neerest town) Nottigham Elkton
d NAME OF HOSPITAL OR INSTITUTION (if nor in hospital, give street eddress) a. IS RESIDENCE ON A FARM? Union Hospital of YES NO 🔀 Cecil County 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH Albert March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 9. AGE (In years | IF UNDER 1 YEAR " IF LNDER 24 HRS age 5 may 1 and 2 with 72 hours at lest birthday) Months male White WIDOWED DIVORCED T 10e. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY; 11, B.RTHPLACE (State or fore gar country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if retired) PM3. Pe unemployed North East, Md. **JISA** 13 FATHER'S NAME William Phillips

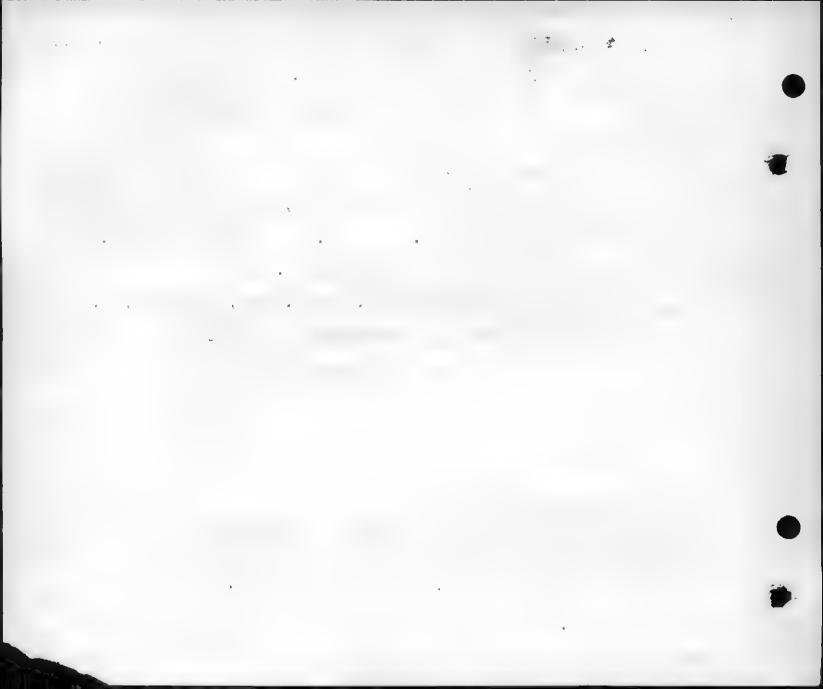
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordelesofservice) Union Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),? INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Hypoglycemia and Coronary Occlusion DUE TO Diabetes at long standing Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20e. FXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Perl I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (Stete) fectory, street, office bldg., etc.) While Not While at work et work orwarded to the DIRECTOR: Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy | |. Inquiry and in my opinion death resulted from: Natural causes X Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** Dodson NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION . 225. DATE THEREOF ZZC. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 0 UNERAL DIRECTOR VS. A15ME Cirlhun S. Mrana



IG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after di

VS A1S (4) 1SM 9/SB

W .		Reg. Dist.	No. (IN DE
	1. PLACE OF DEATH D. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence in STATE	pefore admission)
11.0	Cecil MARYLAND	Md. Cecil	
MI	b CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
	RURAL and give nearest tawn) Elkton	Cecilton	
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
00	OR INSTITUTION Union Hospital	1	YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) William Preston	Price DEATH March	18, 1961
	5 SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 8	DATE OF BIRTH  9. AGE (In years IF UNDER 1 Y last birthday)  Months Do	EAR IF UNDER 24 HR
\"X		December 7,1889   71 yrs.   1	ys Hoors Mill
od th.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11, BIRTHPLACE (State or foreign country) 12, CITIZE)	OF WHAT COUNTRY
9	Carpenter Pullman Co.	Md. U.S.A	
i i	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
ō	Harry Price	Virginia M. Jones	
haurs		FORMANT Address	
72	(Yes, no, or unknown) [If yes, give war or dates of service) 701-09-8525 Mr	s. Annie E. Prace. Cecilton. M	ral
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
1	5.55. 5.55. S.	The state of the s	ONSET AND DEATH
E C	IMMEDIATE CAUSE (a) Ventricular Fibr	111ata1on	7 min
ě	4200 DUE TO		
on y	Conditions, if any, which gave rise to immediate (b) Arterioscleratic	Heart Disease	three ye
<u>=</u>	cause (a), stating the under-		
Duo	lying cause last. (c)	The state of the s	
)o	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(	PERFORMED?
è ^	Congestive Heart Failure Cirrhosis o		YES NO
or re	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  Congestive Heart Failure Cirrhosis o  20a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTION	(Enter nature of injury in Part or Part II of item 18 )	
o u	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLAN	CE OF INJURY (Hame, farm,   20f (City or town) (Cou	nty) (Stat
Ē	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLAI Facts 19 at work at work at work	ary, street, office bldg., etc.)	
5		7 10 10 10 10 10 10 10 10 10 10 10 10 10	
Ē l	21. I certify that I attended the deceased from. 16 Mar 6		
Dag	alive an 18 Mar of, 19, and that death	accurred at 9:35 fm from the causes and an the d	
므	ACTUAL /10/1/10/10 /8//10/14	ADDRESS (Street, city or town, stote)	DATE SIGN
prig		N.D	20 Mar
gistror p	PHYSICIAN'S Wallace Obenshain M.D.	Cecilton, Md.	
- F	220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d, LOCATION (City, town, or county)	(State)
w .	REMOVAL (Specify)		
the reg	Burial Mar. 21,1961 Cecilton Ceme	etery Cecilton.	Md.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

e IS RESIDENCE

ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN ONSET, AND, DEATH

> PERFORMED? YES NO T

> > (Stote)

22b DATE SIGNED

(Stote)

61

Gecil

Dovs

(County)

2993 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY a. STATE Maryland P COUNTY Ceeil MARYLAND b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Perryville Rural Perryville Rural Vrs d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION Rt. 40 40 Rt. 4. DATE NAME OF First Middle Envi DECEASED Razzere Andrew DEATH {Type or print IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years ley birthday) Manths 2-12- 1890 White DIVORCED [7] WIDOWED [ Da JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Store Italy Grocer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Giovanni Razzore UM KNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 'nò 075-30-5386 Razzere Perryville Md R.D Henrietta 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (d) DUE TO Candileans, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION Q VEN IN PART 1(a) 19. WAS AUTOPS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) While Hour o. m. Not while at work of work p. m. 190 (, that (I) (we) lost 21 I certify that (I) (this hospital) attended the deceased from. saw the deceased olive on... 3 and that death occurred at 1. M, from the couses and on the date stated above. 22o SIGNATURE M.D DIRECTOR | 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) I. Benson M D Port Deposit, Md. Clarence 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, ar caunty) 230 BUR ANY CREMATION Rood Cemetery Helv Island. 3-18-1961 Long 25b. REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR

campletely papers. hours pup 5 physica remove attending please þ permit, signed physicion burial-transit been certificate Spital Affer detached DIRECTOR: å þe Board shauld

the funeral direc

24

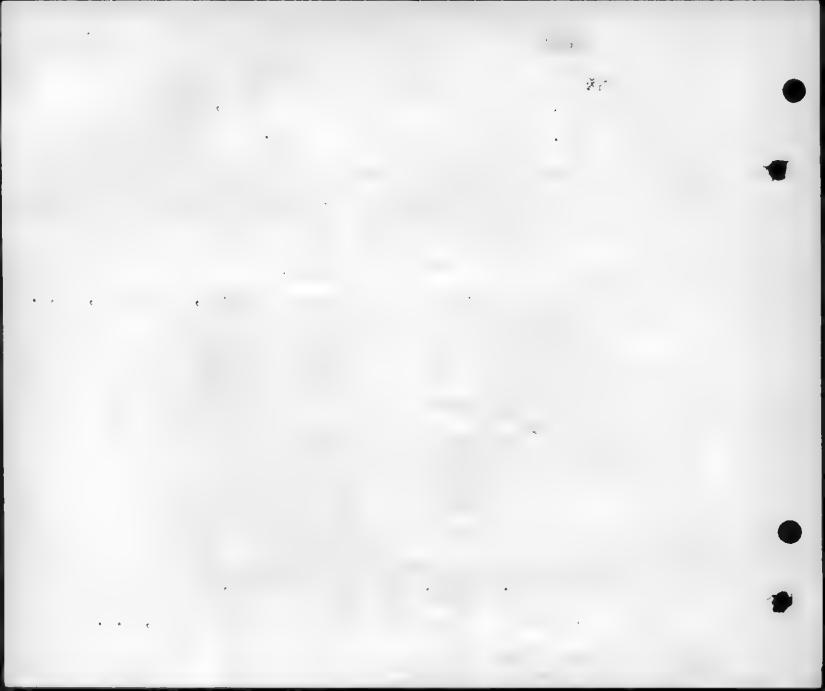
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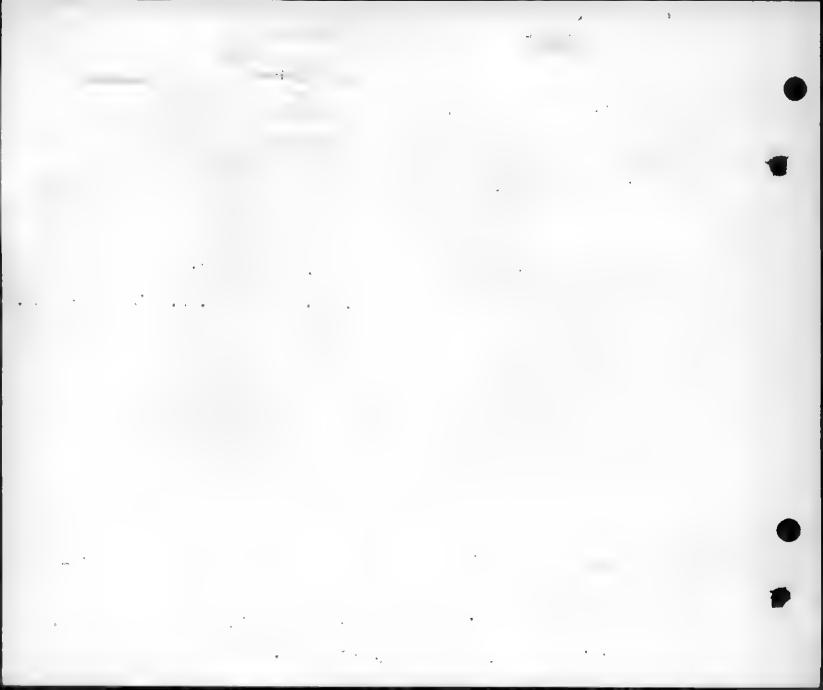
\_\_

0 VR A15 (4) 15M 9/59

3



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE TO I ITY MEDIA. EXAMINER: This certificate should be executed within 24 hours after death by delay is necessary, pleas 3 execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to writing the word "pending" in pencil in Item 18. Give Peges 5 may be related for your files.

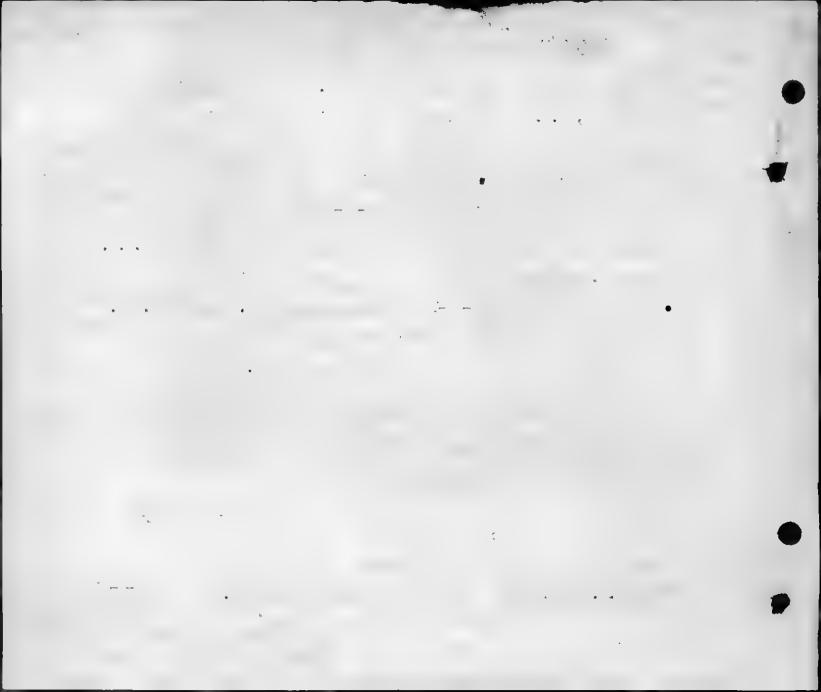
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

### MANULAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 78

$ \downarrow $	1. PLACE OF DEATH	2, USUAL RESIDENCE (Where decessed lived, If institution, Res	sidence before edmission)
	Gecil MARYLAND	Md Cecil	
ł	b. C.TY OR TOWN (.f outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and s	jive neerest fown)
. -	Rising Sun, R.D. Life	Rising Sun Rural	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	, Talest ADDRESS	ON A FARM?
٦	3. NAME OF First Middle	Last 1 4. DATE Month	YES NO
	DECEASED	OF	1 /-
	Rebecca Hitaman Reyno	DATE OF BIRTH 9. AGE (In years   IF UNDER LY)	4 19 6L
		On: 1 SRO: Jast birthdey) Months De	
1		7	N OF WHAT COUNTRY?
	Housewife  13. Father's Name	Maryland U.S.A	i. e
۱			
-	Samuel T. Hindman:  15. WAS DECEASED EVER IN U.S., ARMED FORCES? (16. SOCIAL SECURITY NO.) 17. 11	Fannie C Craig NFORMANT Address	
ı	(Yes, no, or unkown) (Hyesgive were released service) 21.8—10—1587	illiam Reynolds. Rising Sun. Md.	
ı	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	memory 100% radiing A step month of the Trate	INTERVAL BETWEEN
ı	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Oc	clusion	ONSET AND DEATH
1	4 JUI	· And ·	
1	Conditions, if eny, which (b) Hypertension for	several years.	
1	geve rise to immediate cause	The second section of the sect	
1	(e), stating the underlying cause lest.		
1	Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1	
ı			PERFORMED?
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH  CAUSE OF DEATH	ster neture of injury in Pert I or Pert II of Item 18.)	·
- 1		CE OF INJURY (Home, ferm, 20f. (City or town) (County	(Stele)
	Hour a.m., While Not While factor of work 19 et work	ry, street, office bldg., etc.)	(0.014)
١	21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry , ;	and in my opinion
ı	death resulted from: Natural causes Accident . Suici	de 🔲, Homicide 🔲, Undetermined manner 🔲	
1	111010000111111	CHIEF MEDICAL EXAMINER	
١	SIGNATURE // CONTINUED	M D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
1	EXAMINER'S	DEPUTY MEDICAL EXAMINER	-61
	NAME (Type) R. C. DOGSON	RASSINGTO GAR JOWED COUNTY)  CREMATORY   22d. LOCATION (City, town, or country)	(State)
1	non-market and the second of t	ham Cem. Colora	Md.
	23 ONTERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   246. REGISTRAR'S SIGN	NATURE
	Gomm E. M. Thallon Rising Si	1 md MAR 7 '61 arthur & Kra	
1-		THE PARTY OF THE P	



e IS RESIDENCE

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YES TO NO

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INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED?

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CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATEMETY Land **b.** COUNTY Cesil MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn) POTT DEDOSIT Pert Deposit 50 vrs d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION Hampton Hampton Manor NAME OF First Middle 4. DATE Richards DECEASED OF DEATH Wright KIIII 8 [Type or print] 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 1975 rthday) Months White remale 12-12-1885 WIDOWED DIVORCED [7] yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Oliver Millard Laura E. Wright 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown Dr. G.H.Richards Jr.Port Deposit Md. 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)\_ DUE TO El Was ACCL 2001-Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f, (City or town) 20d. INJURY OCCURRED Doy, Year (County) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 19/31 Thank 30 101, that (1) (we) last 21 22 - 12 21. I certify that (1) (this hospital) ottended the deceased from... , and that death accurred o p. M. from the couses and on the date stated above. sow the deceased alive on 220 SIGNATURE 4 ATTENDING PHYS MED DIRECTOR MD 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Clarence Benson, M.D. Pert Deposit Md.

DIRECTOR: TO FUN VR A15 (4) 15M 9/59

With director

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23a BUR AL, CREMATION

23b DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY West Nettingham

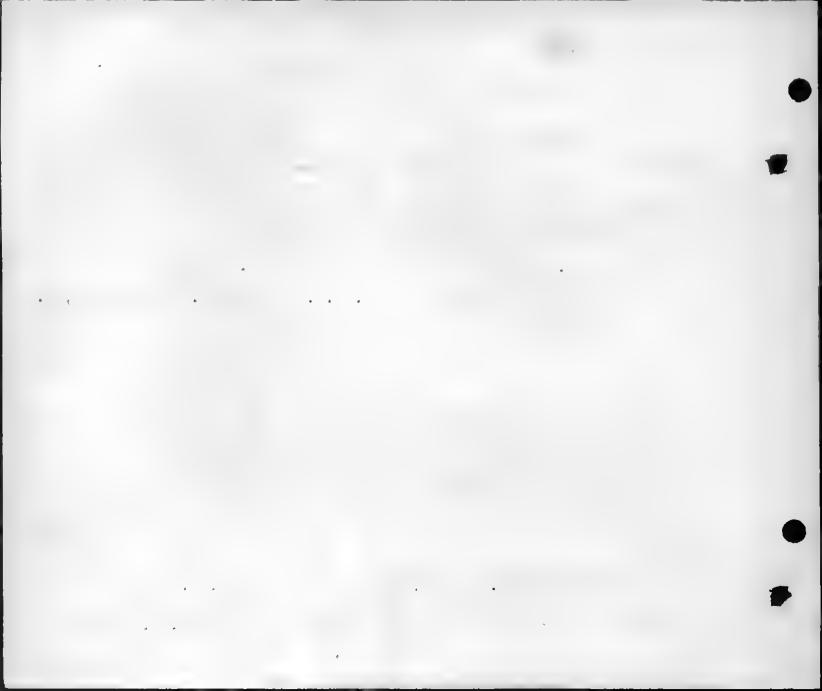
ADDRESS

23d LOCATION (City, town, or county)

Colora .Md. Rural

Perryville .Md

25b, REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR DATE MAR 2 2 '61



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8 Film G283



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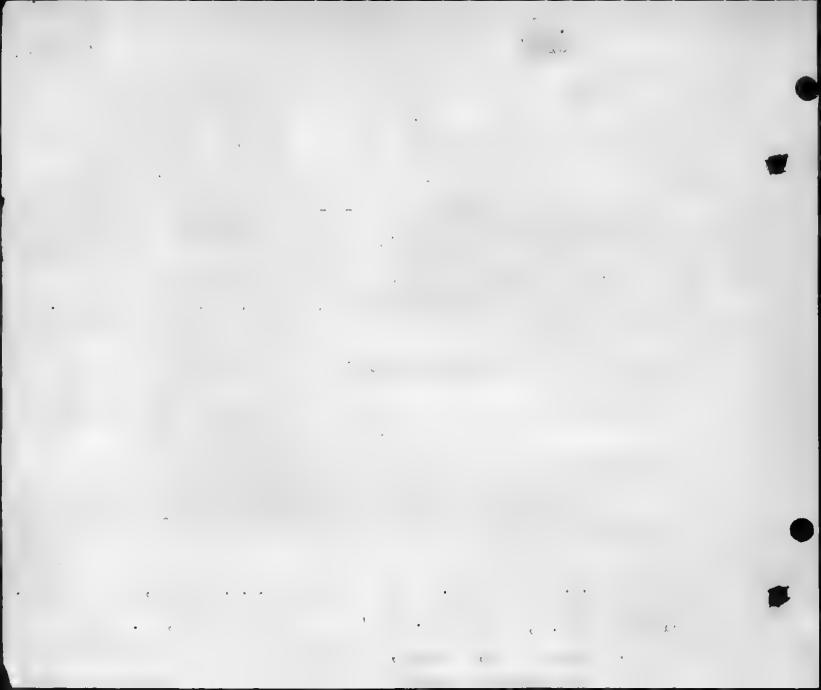
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2999 Reg. Dist. No. (12989 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) day d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO V NAME OF Middle DATE Month DECEASED ose (Type or print) DEATH Ē 19 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years last birthday) Months DIVORCED [ WIDOWED TO USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (state or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) At Home 13. FATHER'S NAME LADOSEA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT none 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause ast PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) ő 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bidg , etc.) While Not while at work at work 21. I certify that I attended the deceased fram 196 Ahat I last saw the deceased that death accurred at 40 P.M. from the causes and an the date stated above. alive an DIRECTOR: DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S FUNE 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) -20-61 Manor Mem. Nr. Elkton, Md. Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MAR 2 1 '61

Chilling & Kraus

VS AIS (4)



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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by the funerand and 2 should be

may be trined by the Intal or attending physician

D FUNE XX DIRECTOR—or this certificate Eas been signed by the attending physician and completely fillepage 3 shauld be detached for use os the burial-transit permit. Then please remave carban papers. Pages 1
the State Board of Health prior to burial, cremation, ar remaval, and in ony event, within 72 hours affer death

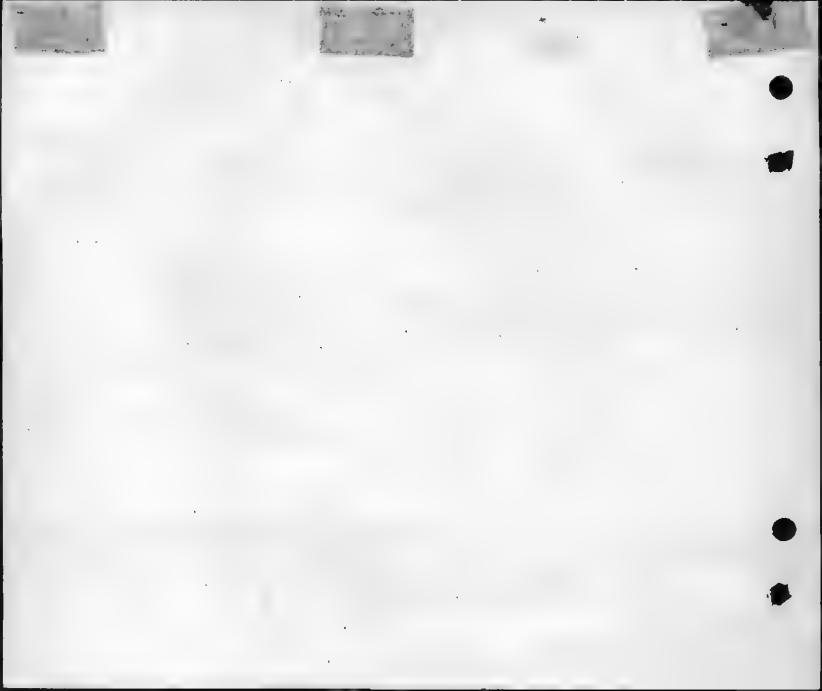
may be sined by the TO FUNE XXL DIRECTOR TO HOSPIZAL OR ATT

VR A15 (4) 1SM 9/S9

G PHYSICIAN: The law requires that the death certificate be executed within 2,

02983

		~	***						
1. PLACE OF DE 0. COUNTY	CACIL		MARYLAI	g, STATE	IDENCE (Where dec	eased lived If institution by COUNT		ce before ad-	mission)
b CITY OR TO	OWN (If outside corporo	te limils, write	c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (If outside o	orporote limits, write	RURAL and g	give nearest t	own]
d. NAME OF OR INSTIT			1 3 MO anddress)	d STREET	ADDRESS			01	RESIDENCE N A FARM?
3 NAME OF	A D V A D A D	First	Middle	La	st 4. DA	TE 11	anth		Year
DECEASED (Type or print	" HOLRIE	Filat	JAM:	FRCU	OF		3	Ol.	19 1
S SEX	6. COLOR OR I	RACE 7. MARR	IED NEVER MARRIED		TH C	9. AGE (In year last birthdoy	Months	Days Ho	DER 24 HRS DES Min.
10a USLAL OCI	CUPATION (Give kind of		KIND OF BUSINESS OR II		LACE (State or forei			ZEN OF WH	AT COUNTRY
during most	of working life, even if r	retired)	N FARL	i		ā.,			
13. FATHER'S NA			1114 1111111	14 MOTHER:	S MAIDEN NAME		~	0 2 0 2 1 0	
		C , T \2		12. MOTHER	3 MAIDEN NAME				
.ICIt.	E 17 07 07	DED.	COCIAL CECURITY NO. I	TA INCODALANT		A.	dress		
Yes, 66, or unknown	SED EVER IN U. S. ARMEI		SOCIAL SECURITY NO.	17, INFORMANT	T	A			
10			19.12.47149	rc. Lor	ris J.	prout	Lit	on, E	illa ala
gove rise couse (o), lying cous	se lost.	(b). ( UE TO (c).	er cy kom	i of	The Ca	ing		-3	4,8459
ICATIC			CONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMINAL DI	SEASE CONDITION C	SIVEN IN PAR	PE	REORMED?
OR CONTRI	ENT WAS UNDERLYING IBUTING   CAUSE OF D NOTIFY MEDICAL EXAMI	EATH NER) 206. DES	CRIBE HOW INJURY OCC	URRED. (Enter noture	of injury in Part 1 o	r Port II of item 18.)			,
	F INJURY Month, Day a. m. p. m	While	NOI while at work	e. PLACE OF INJURY foctory, street, offic		(City or town)	((	County)	(Stote
	21 I certify that (1) (this haspital) attended the deceased from March 1960, ta 3/2/ 1960, that (1) (we) last saw the deceased given and 1960, and that death accurred at 1/5 M. from the causes and an the date stated above.								
22a. SIGNA	TURE / a sten	- A	1/2	M.D PHYS		STAFF PHYS		3/	276 DATE SIGNED
22c PHYSIC NAME		R STI	VRANIS A	22d ADDI	RESS FLH	178N	M4 -		701
23a BUR AL, CR		HEREOF	23c NAME OF CEMETE	RY OR CREMATORY	23d. Li	OCATION (City, fow	or county)	(	Stole)
REMOVAL	Specify)	/1961	CAK NCOD	CEL.	CO	NO' ING			
24 PONERAL DI	RECTOR'S SIGNATURE	11	ADDRESS		250. REC'D BY RE	GISTRAR 25b RE	GISTRAR'S SH	GNATURE	
Jomes	MEM 3.	1//	*		DATE MAR 2	4 '61	7 41 4	4	



FOR STATE HEALTH DEPT. IO DI. I'N MEDI. EXALINER: This certificate should be exacuted within 24 hours after death. If delay is necessary, see stated as a state of the children writing the word "pending" in pendi in Isser 18. Give Pages 1, 2, and 3 to the last director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form IM3. Page 5 may be retained for year-dies.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board-child, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 7/S9

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AMEDICAL FXAMINER'S CEPTIFICATE OF DEATH

i. PLACE OF DEATH 3001		I 2 HOHEL BECINES	MCF (Where deserted love)	 - Bunglitution Books	112984
e. COUNTY		a. STATE			ence belone edm salon)
b. CITY OR TOWN (if outside corporate & mits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		(if outside corporete   m ts,	GeCil_ write RURAL and giv	re neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (II not in hos	D.C.A. spitel, give street eddress)	Elktor	R.D. 4		IS RESIDENCE     ON A FARM?
Union Hospital	Middle	Last		onth Da	YES NO
(Type or print) Rebert	Miller  D Theyer Married D B	Truitt	DEATH  19. AGE (In you	Bars   IF UNDER TYEA	Mary .
M W WIDOWE	D DIVORCED		37 vr	11.0.11.10	Hours Mn.
dona during most of working life, even if retired)					
13. FATHER'S NAME	ac•1. Uo. Elkto				5 <del>-</del>
Linton F. Truitt	COCIAL SECURITY NO. LAY		*		A would
[Yas, no, or unkown] (Ifyesgivawarordetesofservice)					Wd.
18. CAUSE OF DEATH (Enter only one cause per l	ina for (a), (b), and (c).	Se Hober o Me	TIMEOOS ESTE		NTERVAL BETWEEN
	ature of base	f skull and	Laceration		
	side of neck.			-	
geve rise to immediate cause (a), sleting the underlying DUE TO					***
cause lest. (c)					*
PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO THE
20a. EXTERNAL CAUSE WAS 20b. DESCR	IBE HOW INJURY OCCURED, (F	inter reture of injury in Pe	irl I or Part II of Item 18.)	waren . And the	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INJURY OCCURRED 200. PLA	CE OF INJURY (Homa, far	rm, 20f. (City or town)	turned or	Ver (State)
		/	Elkton	Cecil	Md.
21. I certify that I took charge of the rem	ains described above, he	ld an Autopsy,	Inspection 🙀 , Inc	quiry . an	d in my opinion
death resulted from. Natural causes	Accident 🕵 Suic	ide, Homicide	. Undetermine	manner [	
BCTUBL // SSA	ACT 000				
BIGNATURE	- NO	∠_M.D.			DATE SIGNED
EXAMINER'S NAME (Type) R.C. Dodson.	/	Th. * *		3-1	3-61
22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, 1	own, or country]	(State)
Burial 3-16-61 K	MARYLAND INTERVAL DE STAY IN 16    D. C. LENGTH OF STAY IN 16   D. C. LENG				
23. FUNERAL DIRECTOR	ADDRESS		III I D		
PIPPIN FUNERAL HOME	arth Las B	Ikton, olite.	2001	arthur & +	Traine



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 3002 Rea. Dist. No. director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission **B. COUNTY** be filed **b.** COUNTY MARYLAND funeral b. CITY OR TOWN (It noutside corporate limits, write RURAL and rave parties from) c. CITY OR TOWN Of autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 phonia Kern d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2 YES NO M NAME OF Middle 4. DATE Year DECEASED DEATH (Type or print) 19 6/ 臣 9. AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days DIVORCED [ papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) elinia ond carban 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME **■**hysician maye WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Thrombosis IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Corebral arteriosclerosis gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. **burnal-transit** 0 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? has YES NO D'chetes Mollitus 20a ACCIDENT WAS UNDERLYING I 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg etc.) Hour o. m. While Not while DIRECTOR: After this of work of work D. m. 21. I certify that I attended the deceased from 13 line, 19 11, to 11 line 11, 19, that I last saw the deceased detached alive on 14 , and that death occurred at 11:30M, from the causes and an the date stated above. DATE SIGNED <u>P</u> ACTUAL SIGNATURE å should NAME (Type) Wallace Obenshain, M.D. 220 BURIAL CREMATION. 226 DATE THEREOF 22d. LOCATION (City, fown, or county). 22c. NAME OF CEMETERY OR CREMATORY (State) TO FUN page **SEMOVAL** (Specify) 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) MAR 2 0 '61 Citimo & Thomas 15M 9/58



FOR STATE, HEALTH DEPT.

TO DE ILY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It delay is necessary, please second the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to it. Anneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Harth, or its designated agent, prior to burial, cremation, meremoval, and in any event within 72 hours after death. VS. A15ME 5M 7/59

	MARY	LAND STATE D	EPARTMENT OF	HEALTH	
Division of	STATISTICAL RESEARCE	H AND RECORDS,	301 W. PRESTON S	STREET, BALTIMORE 1,	MARYLAND
	3003MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	02988
OF OF DESTU			1 2 HOURT BEGINSHAR	Darkers decreased based 16 coeffs the	

IJ	3003MEDI	CAL EXAMINER'S	CERTIFICAT	E OF DEATH	02086
٠	1. PLACE OF DEATH a. COUNTY			E (Where deceased lived, If	institution, Residence before admission)
V	_ Cecil	MARYLAND	. STATE Md.	b. cou	NTYCecil
Л	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c, CITY OR TOWN (If	outside corporate limits, wri	te RURAL end give neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (IF NO	1 20 yrs	Elkton d. STREET ADDRESS		
	Nockey Factury		IC4 Bether	St.	YES NOTE
	3. NAME OF First	Barre 10	Last	4. DATE Mont	h Dey Yeer
ı	(Type or print) Cscar.	Watsking W	Mashingten	DEATH 3	6 19 61
1	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Deys Hours Min.
1		IDOWED DIVORCED	4ay 10, 191	.0   50 уп.	Months Deys Hours Min.
ı	IDe. USUAL OCCUPATION [G ve kind of work done during most of working life, even if retired]	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. Maching worker	Fireworks	Md.  14. MOTHER'S MAIDEN N	NAME	U <sub>a</sub> S <sub>a</sub> A <sub>a</sub>
	George Henry Was	7 L16 SOCIAL SECURITY NO 1 17 T	Jennie NFORMANT	Mae Bryson	Elkton. Hd.
	(Yes, no or unkown) [Ifyesgivewerordetesofservi	en i		ashington, 10	
ı	18. CAUSE OF DEATH [Enter only one cau		WI S. ODOGL II		I INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	Acute Corona	ev Occlusion		ONSET AND DEATH
1	DUE TO	ACCOS COLORDA	C. COOTABLON		-
J	Conditions, if any, which 7 (b)				
1	geve rise to Immediate couse	· n		* *	
1	(a), stating the underlying cause last.				
١		NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GI	
-	)				PERFORMED?
	PART II, OTHER SIGNIFICANT CONDITION  DEPTH	DESCRIBE HOW INJURY OCCURED. (E	inter nature of Injury In Parl	For Pert II of Item 18.)	
	3 20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm,		(County) (State)
	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	While Not While facts	ory, streat, office bldg., etc.)		
	21. I certify that I took charge of the	he remains described above, he	ld an Autopsy ,	Inspection , Inqui	ry . and in my opinion
	death resulted from: Natural cause		ide []. Homicide [	, Undetermined r	manner
λ	ACTUAL // //	018/1/1 10	CHIEF MEDICAL E	_	
	SIGNATURE CONTRACTOR	J Cooncre		CAL EXAMINER	DATE SIGNED
	NAME (Type) R.C. Dodson	AND I WAS TO BE TO SERVE THE SERVE T	DEPUTY MEDICAL Pising S Address (Siree), c	iy fown, or county)	3-7-61
	22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c, NAME OF CEMETERY OR	_	22d, TOCATION (City, low)	
	Burial   3/11/61	Providence		Elkton, Man	
	23. FUNERAL DIRECTOR	ADDRESS	24a. REC'	R BY REGISTRAR 246. BE	EISTRAR'S BICHATHRE
	ew. W. Bell	_ 909 Poplar S	St. DATE		The state of the s



North East. Maryland

PMER 2 8 '61

VS A15 (4)

15M 9/5B

Joseph R.Grant

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V5 A15 (4) 15M 9/58

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No. 2988

1. PLACE OF DEATH o. COUNTY CCCL	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY		odmission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF of Chural	Colora	URAL and give neares	i town)		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM? ES NO		
3. NAME OF DECEASED (Type or print) First	Blane (	Wildon	4. DATE Mor		Year 196 (		
5. SEX Male 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH Opril 14, 18	9. AGE (In years lost birthdoy) 70 yrs.	Months Days H	UNDER 24 HRS. Iours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	KIND OF BUSINESS OR INDUS	The Floyd	or foreign country)	12.CITIZEN OF W	A,		
13. FATHER'S NAME Jones Wil	don	14. MOTHER'S MAIDEN I	e Conner				
(Yes, no, or unknown) /   (If yes, give wor or dates of service)	11.00	VIS Jan	es Richardo	ra md	٠,		
PART I. DEATH Enter only one couse per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), stating the under lying couse lost.	ie for (a), (b), and (c).	idure			AL BETWEEN AND PEATH		
PART II. OTHER SIGNIFICANT CONDITIONS OF SIG		ma			WAS AUTOPSY PERFORMED? ES NO 17		
20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o.m. 19 While of war	Not white foo	ACE OF INJURY (Home, forn ctory, street, office bldg., etc	n, 20f. (City or tawn)	(County)	(Stole		
21. I certify that attended the deceased fram 24, 19.5.2 to 3.2.3., 1957, that I last saw the deceased alive on 3.2.3., 19.5. and that death accurred at 4.9. M, fram the causes and an the date stated above.  ADDRESS (Street, city or lown, state)  DATE SIGNED							
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	Touto	MD Ris	ing Sun	, md 3	246		
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 3/27/6/	22c. NAME OF CEMETERY OF	& CREMATORY	22d. Coction (City, town,		(Stote)		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Sun	344		ISTRAR'S SIGNATURE	1		

